

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 81

FILED OCT 7 1943

Registration District No. 707Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Bennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Grissell Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution Life (Specify whether)
 In this community Life (years, months or days)

3. (a) PRINT
FULL NAMEBaby Muse3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex MO
race W6. (a) Single, widowed, married,
divorced SO

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased August 17, 1943
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
9 hr. min.9. Birthplace Bennett Mo
(City, town, or county) (State or foreign country)10. Usual occupation None11. Industry or business None12. Name George M. Muse13. Birthplace Dunklin Mo
(City, town, or county) (State or foreign country)14. Maiden name Althea Williams15. Birthplace Dunklin Mo
(City, town, or county) (State or foreign country)16. (a) Informant George M. Muse(b) Address South Jackson17. (a) Burial (b) Date thereof 8/27-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mc Culla Cemetery18. (a) Signature of funeral director Paul Salas(b) Address Bennett Mo19. (a) 9-19-43 (b) Julia Blenkinship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
 (c) City or town Bennett Mo 03.5
 (If outside city or town limits, write "RURAL")
 (d) Street No. S. Jackson (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1943 hour 1:30 minute A.M.21. I hereby certify that I attended the deceased from 8-17-43
_____, 19____, to 8-26-43, 19____;
that I last saw him alive on 8-26-43, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death _____
Congenital Malformation of Kidney

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature A. H. Hume (M. D. or other) _____Address Bennett, Mo Date signed 8-26-43

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1043-1234

Date Filed 10-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.